

**FILED**  
NOV 06 2009  
CLERK

UNITED STATES DISTRICT COURT  
DISTRICT OF SOUTH DAKOTA  
SOUTH EAST DIVISION

DAVID M. DELORIA  
Plaintiff,

CIV 09-4162

SOUTH DAKOTA DEPT OF CORRECTIONS OLCs COMPLAINT  
WARDEN Douglas WEBER CONTRACT Psychological Services  
CONTRACT HEALTH SERVICES AND ILAOS  
Defendant.

I. PREVIOUS LAWSUITS

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes ( ) No (X)

B. If your answer to "A" is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs \_\_\_\_\_  
\_\_\_\_\_

Defendants \_\_\_\_\_  
\_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county)

\_\_\_\_\_  
\_\_\_\_\_

3. Docket number \_\_\_\_\_

4. Name of Judge to whom case was assigned \_\_\_\_\_

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_

6. Approximate date of filing lawsuit \_\_\_\_\_

7. Approximate date of disposition \_\_\_\_\_

SDSP

PO, Box 5911

Sanifalls SD. 57117-5911

II. PLACE OF PRESENT CONFINEMENT SOUTH DAKOTA STATE PENITENTIARY

- A. Is there a prisoner grievance procedure in this institution? Yes ☒ No ( )
- B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes ☒ No ( )
- C. If your answer is yes,
1. What steps did you take? 1 RR + AR = DENIED
  2. What was the result? NO ACTION DENIED
- D. If your answer is no, explain why not DOC. LIKES TO INTERFER AND READ LEAD MAIL
- E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes ☒ No ( )
- F. If your answer is yes,
1. What steps did you take? ASK TILL I WAS BLUE IN THE FACE
  2. What was the result? AR-DENIALS

## III. PARTIES

In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

- A. Name of Plaintiff DAVID MIKAL DELORIA 475-86-8190  
Address 700 E DAKOTA PIERRE S.D. 57501 APT 213

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and places of employment of any additional defendants.

- B. Name of Defendant Douglas Wether WARDEN who is employed as  
WARDEN at SOUTH DAKOTA STATE PENITENTIARY  
(2) PO, Box 5911  
Sanifalls SD. 57117-5911

C. Additional Defendants OFC's CONTRACT HEALTH  
CONTRACT PSYCHOLOGICAL SERVICES  
INMATE LEGAL AIDE OFFICE

#### IV. STATE OF CLAIM

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet(s) if necessary. Yellow Sheet  
Denial of Medical Needs Psychological Needs  
Malicious Co-Pay on Indigent Native Inmates  
14 Amend. Violations 6TH Amend Violations  
11 Amendment Violations  
8TH Amendment Violations  
Dispensing Meds without Fed License to do so.  
Failing to provide Free Medical Services  
Deprivations of Human Rights Abuse of Prisoner  
Violation of A.D.A. Punishing Mentally Ill without  
V. RELIEF Due Process.

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Injunctive Summary Judgment  
Compensatory Punitive Damage  
AND ACTUAL AND DECLARATORY  
Relief PROSPECTIVE Relief  
Refined Psychological Services  
Free Health Service  
Level Full Legal Material + COMPENS  
Set CTS. Nuzd NW Nuz. F2d F. F3d.  
Strip and Abilities ORDER THEM TO STOP  
There ABUSE OF Discretion and Injurious Actions  
By Denying Human Needs and Rights.

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

Signed and executed this 4TH day of NOVEMBER, 2009 (Name and executed title)

Daniel M. Dules  
Signature of Plaintiff

(9/96)

1  
Legal Access to Court and Legal Law Library  
Restricted on all Fronts.

Denial of Law in New Age of  
Cyber Challenge's Intelligent  
Prepared Legal Briefs Denied.

2  
Medical Denial

I was made to work on a Bad  
Ankle which caused more Injury  
and Pain and Suffering and Having  
to Pay a \$500 Co-Pay when Treaty  
had set Claims that Native  
Indians Have Free Health Care  
NO REIMBURSEMENT to D.O.C. or D.S.S.  
By D.O.C. Contract Health ABUSES  
mentally ill inmates and Denies  
those with mental illness access  
to sound (psychological) Pharmaceuticals  
treatment and medication are in adventure  
They Took my XANAC'S AWAY  
Psyche Contracts not allowed to Criminals  
Serving Criminals / Sentence's Contract  
Have) +/ not Having Nurses to Have  
Federal Medication licenses to Dispense  
these Psyche meds or Medical meds.



3  
 7TH Amendment claim cruel and  
 unusual Punishment not allowing  
 Farnates Sunlight or Vitamins  
 or H1N1 Inoculations or  
 Medical/Treatment For EYES  
 or Heart or Lungs or Cancer  
 or GI track Deliberate Indifference  
 to Psychological and Medical needs.  
 I was made to suffer without  
 Anxiety meds and made to work  
 when I am mentally Disabled and  
 physically Impaired I have a  
 BAD Ankle and Health Problems  
 AND WAS Punished by Punitive  
 Confinement For these.  
 in Violation of American  
 Disabilities ACT - N.A.M.I.  
 Vulnerable ADULT ACT,  
 Hate Crime ACT,  
 Nat. or Treaty title 25,  
 Violations For free Health  
 care making me pay \$1.00 for  
 a Co-pay regardless of D.O.C.  
 Reimbursements to DOH or DSS,  
 AND NO ADEQUATE LAW ACCESS  
 to Books or Lexis Computers  
 to Prepare Fundamental Legal  
 Challenges to these claims.